

Notice of Privacy PracticesEffective Date: 11/1/2024

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You may ask to see or get a copy of your health and billing records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and billing records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You may ask us to correct your health and billing records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You may ask for an accounting (a list) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You may file a complaint if you feel we have violated your rights by contacting us at the following:

Attention: Privacy Officer
Altai
PO Box 72710
Oakland, CA 94612
415.972.4268
privacyoffice@altai.com

- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at the following:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877.696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

*We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We use your health information and share it with other professionals who are treating you, and with your health insurance company.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

We use and disclose your information to run our organization and contact you when necessary.

Pay for your health services

We use and disclose your health information to pay for your health services.

Example: We use your health information to bill your insurance company for services that have been provided to you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We may use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

Reproductive Health Care

We are prohibited from using or disclosing PHI for the purposes of a criminal, civil, or administrative investigation, to impose liability on any person for any reason for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for the beforementioned purposes. For example:

- We are prohibited from sending law enforcement your health care records in their pursuit of criminally charging you for receiving contraceptives.
- We are prohibited from sending law enforcement your health records, if you, as resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.

We are required to obtain signed attestations, verifying the requestor is not requesting reproductive health information for any prohibited purpose. This means the requestor must complete an attestation to obtain your PHI for the following purposes/activities: law enforcement, health oversight, judicial and administrative proceedings, or to coroners and medical examiners regarding decedents.

Once the signed attestation is approved, your PHI would no longer be protected under Health Insurance Portability and Accountability Act (HIPAA), and may be subject to redisclosure.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Questions, Complaints, or Requests Related to this Notice

If you have any questions related to this notice or would like to make a request as permitted under this notice, please contact the following:

Attention: Privacy Officer
Altais
PO Box 72710
Oakland, CA 94612-8910415.972.4268
privacyoffice@altais.com

Changes to the Terms of this Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will notify you of the change.